S. No. 2
0M—2-43
5-17-39
I X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16744

FILED JUN 4 1943

Registration District No. 312 Primary Registration District No. 1003 Registrar's No. 4684

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Childrens Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One Week (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town Gideon (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elgin Madison Whitledge Jr.
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced D
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased August (Month) 8 (Day) 1942 (Year)

8. AGE: Years 1 Months 8 Days 18 If less than one day hr. min.

9. Birthplace Gideon (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name Elgin Madison Whitledge
13. Birthplace Gideon (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Oma L. Thomas
15. Birthplace Gideon (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Elgin Madison Whitledge
(b) Address Gideon, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/20/43 (Month) (Day) (Year)
(c) Place: burial or cremation Malden, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc.
(b) Address 4700 Washington, Blvd.

19. (a) (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th year 1943 hour 10 minute 23 P M.

21. I hereby certify that I attended the deceased from May 13 - 1943, to May 19 1943; that I last saw him alive on May 19 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculous Meningitis	2wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature L. L. Barnett M.D. (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1861

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.